THE STATE OF NEW HAMPSHIRE

GOVERNOR'S COMMISSION ON DOMESTIC VIOLENCE

MEDICAL:

PROTOCOL ON IDENTIFYING AND TREATING ADULT VICTIMS IN NEW HAMPSHIRE HEALTH CARE SETTINGS

MEDICAL:
DOMESTIC VIOLENCE PROTOCOL

Prepared by the
Governor's Commission on Domestic Violence

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TABLE OF CONTENTS

INTRODUCTION 1

PURPOSE 1

POLICY 2

PROCEDURES

PRIVATE AND QUIET ENVIRONMENT 3

INDICATORS OF DOMESTIC VIOLENCE 3

EXAMPLES OF INTERVIEWING STRATEGIES 4

HEALTH CARE PROVIDER ACTION 4

TAKE HISTORY 4

REFERRAL TO A DOMESTIC VIOLENCE ADVOCATE 5

THE EXAM 5

SAFETY ASSESSMENT 5

TREATMENT PLAN 6

DOCUMENT 7

SAVE EVIDENCE 8

MEDICAL PHOTOGRAPHY 8

SOCIAL WORKER OR ADVOCATE ACTION 8

BRIEF WITH STAFF AND REVIEW CHART 9

ASSESS CURRENT LIVING SITUATION 9

PROVIDE INFORMATION 9

DEVELOP A PLAN 9

REFERRALS 9

MEDICAL APPENDICES

APPENDIX A: LEGISLATION REGARDING THE REPORTING OF INJURIES 11

APPENDIX B: OBTAINING A RESTRAINING ORDER 13

APPENDIX C: BATTERING DURING PREGNANCY 15

APPENDIX D: PATIENT INFORMATION SHEET 17

APPENDIX E: PATIENT ACKNOWLEDGMENT AND RELEASE 19

APPENDIX F: CONSENT TO PHOTOGRAPH 21

APPENDIX G: BODY INJURY MAP 23

APPENDIX H: FLOW CHART FOR REPORTING OF INJURIES BELIEVED CAUSED BY CRIMINAL ACTS 25

APPENDIX I: ELDERLY AND INCAPACITATED ADULTS 27

INTRODUCTION

This protocol is designed to provide health care providers with information about domestic violence-how to recognize victims and how to assist them. Domestic violence is also known as battering, partner abuse, and spouse abuse. The U. S. Surgeon General's office has cited domestic violence as one of the major health problems facing American families today. Battering is the single major cause of injury to women—more frequent than auto accidents, muggings, and rapes combined. Because battering is a frequent reason women seek attention at hospital emergency departments and other clinical settings, abuse should be screened for every woman patient. This protocol is applicable for emergency departments, private medical offices and outpatient clinics, family planning clinics, dentists' offices, and other medical providers such as chiropractors or physical therapists.

Domestic violence has been defined as the actual or threatened physical, sexual, psychological, or economic abuse of an individual by someone with whom they have or have had an intimate relationship. Emotional abuse can precede or accompany physical violence as a means of controlling through fear and intimidation. The majority of victims are women, and the problem affects every class, race, religion, and age group. Many times, if the wife (mother) is being physically abused, so are the children.

Throughout history, wife beating has been accepted as a private matter. However, violence in the home is as illegal as violence on the street. There is legislation in New Hampshire that provides the police and courts with procedures and sanctions to stop domestic violence. Safety for victims of domestic violence and their children must be a priority for health care providers.

Studies have shown that only one in twenty-five battered women is identified correctly by hospital staff. Many women are too embarrassed or afraid to admit the cause of their injuries. Others are ready to talk, but are confronted with disbelief or blame. Some present only emotional scars of abuse. Still others are only waiting to be asked; many battered women say they would have told a nurse or physician about the domestic violence if they had been asked.

Without appropriate intervention, battering usually continues and escalates in frequency and severity. By the time the woman's injuries are visible and she is identified as a battered woman, violence may be a long-established pattern. Your early detection and intervention can help to prevent future severe battering incidents and help to break the intergenerational cycle of violence. Health care providers are in an ideal position to give battered women information about and referrals to the resources in their community.

For the purpose of this protocol, all victims will be referred to as "she", although domestic violence is a crime that can affect males as well. In 95% of the cases, the woman is the victim. Domestic violence is common in homosexual as well as heterosexual relationships. Therefore, we will use the word "partner" to refer to the other person in the relationship.

It is important to provide information on domestic violence and domestic violence services to all patients. Your facility can display this information in your waiting room, exam rooms, and rest rooms. The New Hampshire Coalition Against Domestic and Sexual Violence and the New Hampshire Medical Society (1-603-224-1909) can supply posters and brochures about domestic violence for health care facilities.

PURPOSE

To ensure identification and comprehensive medical and social intervention for battered women and men in health care settings throughout New Hampshire.

POLICY

All health care providers should be trained to recognize and manage victims of domestic violence. All female patients should be evaluated with this protocol in mind. As a result of a recent change in New Hampshire law, most domestic violence injuries are not required to be reported to the police, although the patient must actually object to reporting. See New Hampshire Revised Statutes Annotated (RSA) 631:6. The current rules are as follows:

(1) If the patient is under 18, an injury believed to have been caused by a criminal act must be reported to the police. Even if there is no current injury, suspected child abuse must be reported under RSA 169-C. **There are no exceptions.** (See Appendix).

(2) If the patient is 18 years of age or older and has received **a gunshot wound or other serious bodily injury**, injuries caused by domestic violence or sexual assault **must be reported** to the police. As defined in RSA 161-F:43 "Serious bodily injury" means any harm to the body which causes or could cause severe, permanent, or protracted loss of or impairment to the health or of the function of any part of the body. Exception: Under Federal law, records of the identity, diagnosis, prognosis, or treatment of a patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment or rehabilitation which is conducted or directly or indirectly assisted by any federal agency are confidential and may be disclosed only pursuant to a court order.

(3) **If the patient is** 18 years of age or older and is **chronically dependent on others** to manage personal, home, or financial affairs, **the injury must be reported** under RSA 161-F:46. **Exception:** as in (2) above.

(4) Patients who do not fall into any of the categories above, but who have injuries caused by domestic violence or sexual assault, must be asked whether they object to having their injuries reported to the police.

A flow chart for analyzing these reporting requirements is included in this protocol (See Appendix).

If domestic violence is suspected but the patient has no current injury, there is no requirement to report unless the patient is a minor child (See N.H. Child Physical Abuse and Neglect Protocol) or is chronically dependent on others to manage personal, home or financial affairs. (See RSA 161-F:43).

In the appropriate situations described above, it is the responsibility of the health care provider to telephone your local police to report a case of domestic violence with serious injury (regardless of whether the assault occurred in another community in New Hampshire or in another state). A police officer will make arrangements to speak with the patient. She has the right to refuse to speak with the law enforcement official. The police throughout New Hampshire have received extensive training in domestic violence. In addition, in many communities there are local domestic violence councils designed to improve services for battered women. They are comprised of law enforcement, court members, and victim advocates. Health care providers interested in participating in their community councils should contact their local District Court Clerk.

The New Hampshire Coalition Against Domestic and Sexual Violence (abbreviated as New Hampshire Coalition) consists of 14 programs throughout the state that provide services to survivors of sexual assault as well as to battered women and their children (See Appendix). The New Hampshire Sexual Assault Protocol requires that hospitals call an advocate to assist victims of a sexual assault. Hospitals, should develop close liaisons with their local domestic violence/sexual assault agencies. It should be routine policy for the Emergency Nurse or Physician to call in an advocate to assist all domestic violence victims, as well as for sexual assault victims.

In 1993, the state of New Hampshire passed legislation covering stalking. If you have any questions about this, contact your local domestic violence agency or the New Hampshire Coalition.

PROCEDURES

PRIVATE AND QUIET ENVIRONMENT

All patients should be interviewed alone in a quiet, private environment where confidentiality is assured. The medical staff should ask any accompanying spouse, friends, or family members to leave the treatment area.

THE INDICATORS OF DOMESTIC VIOLENCE INCLUDE:

1. The patient admits to past or present physical or emotional abuse, as a victim or witness.
2. The patient denies physical abuse, but presents with unexplained bruises, whip-lash injuries consistent with shaking, areas of erythema consistent with slap injuries, grab marks on arms or neck, lacerations, burns, scars, fractures or multiple injuries in various stages of healing, fractured mandible, or perforated tympanic membranes.
3. Common sites of injury in battering are areas hidden by clothing or hair (i.e., face, head, chest, breasts, abdomen, and genitals). Accidental injuries usually involve the extremities whereas domestic violence often involves both trunk and extremity injuries.
4. Extent or type of injury is inconsistent with the explanation offered by the patient.
5. Pregnancy is a risk factor for battering. Violence often begins with the first pregnancy, and with injuries to the breasts or abdomen. (See Appendix C for information about battering during pregnancy.)
6. The patient presents evidence of sexual assault or forced sexual actions by her partner. Refer to New Hampshire Sexual Assault Protocol for evaluation of sexual assault aspect by a qualified physician.
7. The partner (or suspected abuser) accompanies the patient, insists on staying close to the patient and may try to answer all questions directed to her.
8. Fear of returning home and fear for safety of children.
9. Substantial delay exists between the time of the injury and presentation for treatment. The patient may have been prevented from seeking attention earlier, or may have had to wait for the batterer to leave.
10. The patient describes the alleged “accident” in a hesitant, embarrassed or evasive manner, or avoids eye contact.
11. The patient has “psychosomatic” complaints such as panic attacks, anxiety, choking sensation, or depression.
12. Complaints of chronic pain (back or pelvic pain) with no substantiating physical evidence often signify fear of impending or actual physical abuse.
13. Psychiatric, alcohol or drug abuse history in the patient or partner, e.g., eating disorder, self-mutilation.
14. History of suicide attempts or suicidal ideation. Battering accounts for one in every four suicide attempts by all women and half of all suicide attempts by black women.
15. Review of medical records reveals repeated use of medical and/or social services. Medical history reveals many “accidents” or remarks by health care worker indicating that previous injuries were of suspicious origin.

EXAMPLES OF INTERVIEWING STRATEGIES

Ask the patient direct, non-threatening questions in an empathetic manner. You may find it difficult to ask these questions. However, asking the question and identifying the woman as battered is the first step toward appropriate treatment. Examples are:

1. I noticed you have a number of bruises. Could you tell me how they happened? Did someone hit you?
2. You seem frightened of your partner. Has your partner ever hurt you?
3. Sometimes patients tell me they have been hurt by someone close to them. Could this be happening to you?
4. You mention your partner loses his/her temper with the children. Does he lose his temper with you? Does he ever hurt you physically when he loses his temper?
5. Have there been times during your relationship when you have had physical fights?
6. Do your verbal fights ever include physical contact?
7. Have you ever been in a relationship where you have been hit, punched, kicked or hurt in any way? Are you in such a relationship now?
8. You mentioned your partner uses drugs/alcohol. How does your partner act when drinking or on drugs?
9. Does your partner consistently control your actions or put you down?
10. Sometimes when others are overprotective and as jealous as you describe, they react strongly and use physical force. Is this happening in your situation?
11. Your partner seems very concerned and anxious. Was he responsible for your injuries?

If the patient states battering has occurred, give her time to verbalize openly before beginning your physical assessment. Allow her to control the timetable of the discussion. Assure the patient that this information will be addressed after your patient evaluation is completed. Remain non-judgmental, supportive, and relaxed. Reassure her that no one has the right to hurt others, and that she is not responsible for someone else's abusive behavior.

HEALTH CARE PROVIDER ACTION

Take History

1. See the patient alone in a private room. Ask the partner to stay in the waiting room or in another location which is out of earshot. Given the potential danger of these cases, every health care setting should develop a plan for dealing with a partner who seems disruptive or dangerous.
2. Obtain a complete history of symptoms or injuries with concentration on identification of battered women.
3. Information should be supplemented with subjective and objective information from patient's past medical records.
4. Assess the battered woman for sexual abuse/rape by asking her "Does your partner ever force you to have sex or to perform sexual acts against your will?" (Refer to New Hampshire Sexual Assault Protocol.)
5. If a patient reveals that she has been battered and you are not comfortable examining her, contact the patient's primary care physician. After normal office hours, refer an injured patient to the nearest Emergency Department for evaluation.

Referral to a Domestic Violence Advocate

If battering has been suspected or identified, contact your local Domestic Violence Crisis Center to have an advocate respond to the hospital. (See Appendix) **The importance of having a support person available to domestic violence victims cannot be overemphasized.**

1. After the advocate arrives at the hospital, the patient is then given the choice of whether or not to speak with the advocate. If the patient wishes to speak to an advocate, introduce the advocate to the patient without using the patient's name.
2. Well-trained support people can assist health care providers in explaining the necessity of the medical exam and evidence collection procedures.
3. They can provide referrals and information about crisis intervention, safety planning, local safe homes or shelters, and legal advocacy.

The Exam

1. Have the patient undress and wear a hospital gown so that any hidden injuries are exposed.
2. Record the vital signs and the general condition of patient.
3. Perform a physical assessment, including a neurologic exam, with particular attention to signs of abuse/battering.
4. Assess mental status and emotional state (include substance or alcohol abuse, suicidal or homicidal ideation).

Safety Assessment

Once a woman is identified as a victim of domestic violence, you need to assess her safety and help reduce the danger she might face after discharge. While one must respect the victim's evaluation of her situation, your assessment of the patient's safety should be clearly documented. Let the patient know that battering is a crime and that she is protected by law. She can choose to make a police report and/or obtain a temporary restraining order. The following questions will help you to assess the safety of the patient.

1. Where is the abuser now?
2. Does he know that you are here?
3. Has abuser ever used or threatened to use weapons?
4. Are weapons available to the abuser?
5. Has the abuser been drinking or taking drugs?
6. Has the abuse been increasing in frequency and/or severity?
7. Do you have children?
8. Are they safe now?
9. Are they being abused?
10. Does the abuser verbally threaten you?
11. Has the abuser threatened your friends and relatives?
12. Has the abuser threatened to commit suicide if you leave?

If the victim's responses to this assessment indicate that the pattern of violence is escalating, or if she is fearful of returning home, then you are strongly advised to call your local police and/or domestic violence agency for advice.

Treatment Plan

1. **Diagnosis Lab work and X-rays as indicated.**

2. **Treatment**

   a) Appropriate treatment for physical injuries.

   b) Provide a supportive milieu and encourage self-esteem and independent action.

   c) Use caution in prescribing tranquilizers or sleeping pills if patient is going to a potentially unsafe home.

   d) Always ask the patient about suicidal ideation.

3. **Education**

   a) Explain the physical and emotional sequelae of chronic battering.

   b) Stress the importance of follow-up for medical, legal, and social support.

   c) Emphasize to the patient that she can break the cycle of violence.

   d) Provide other written materials and information on domestic violence and legal options. You may want to include the telephone number of your local domestic violence agency on any pre-printed discharge materials which are given to injured adults who are treated at your facility.

4. **Referral**

   a) Consider direct referral to the local domestic violence program or to a social worker knowledgeable about these issues.

   b) If you believe the patient's injury was caused by a criminal act, follow the flow chart in Appendix 9 to determine whether the injury must be reported to the police. If the patient has been diagnosed or treated for drug or alcohol abuse or for a condition caused by drug or alcohol abuse at your facility, his/her entire medical record is confidential and no information regarding the patient may be given to the police without the patient's specific written permission. This Federal law overrides all state reporting laws except for the reporting of child abuse and neglect. If the patient agrees to release information to the police despite drug/alcohol abuse history, have the patient sign the release form (See Appendix E).

   c) If there is no drug/alcohol abuse history at your institution, and the injury is a serious one which must be reported, give the patient a copy of the Patient Information sheet (see Appendix D). Review this sheet with the patient so she understands what to expect. If the patient has a gunshot wound or other serious bodily injury, <u>or</u> does not object to having her/his injuries reported, have the patient sign the Patient Acknowledgment /Release (See Appendix E).

   d) Prior to calling your local Police, you should have a signed copy of Appendix E.

- When calling the police, you need to give them the patient's name and all the information you possess about the patient's injuries.
- DO NOT, however, release information about the patient's HIV status to anyone without the patient's specific written consent except as necessary for the patient's medical treatment.

   e) Arrange admission to hospital, if needed. The report to the inpatient attending physician should include details of abuse or suspected abuse, and visitor restrictions, if any.

f) Encourage and arrange medical referral to a provider knowledgeable about domestic violence for continuity of care. Communicate circumstances of domestic violence only with the patient's explicit consent.

g) Consider psychiatric referral if appropriate.

If the patient declines to speak to staff from your local domestic violence program or to a social worker, give the patient the resource list for future reference.

Document

1. Accurate and concise documentation is essential for future medical and legal assessments. Clearly document:

   a) Data from available medical records and history of contact with other providers for possible prior abuse.

   b) Name, address, and relationship to patient of any person accompanying the patient.

   c) Name(s), badge number, and telephone number of law enforcement officer accompanying the patient.

   d) If an arrest has been made.

   e) Time, date, place, and witnesses to assault/"accident."

   f) Assessment of the patient's safety.

   g) Print the names of any of the health care staff involved in the patient's care.

2. **Avoid** long descriptions and quotes by patient which deviate from the medical problem (e.g., "He was angry at me because I let the kids go to the movies."). This type of information is generally not admissible in court and may not be accurate.

3. If patient states abuse as the cause of the injury, **preface patient's explanation by writing:** "Patient states...". This protects the patient and yourself since you cannot be held liable for recording a patient's statement, the medical facts or your expert, medical opinion. For example, you would record, "Patient states she was hit in the face by her mate's fist, punched in the stomach two times, and hit with a screwdriver he grabbed off the table." Or, "Patient states her husband said three times that he was going to kill her."

4. **Avoid subjective data** that might be used against the patient (e.g., "It was my fault he hit me because I didn't have the kids in bed on time").

5. If patient denies being assaulted, write: "The patient's explanation of injuries is inconsistent with physical findings," or "Injuries are suggestive of battering."

6. Record size, pattern, estimated age, description, and location of all injuries.

   a) Use a body injury map to locate injuries (Appendix G)

   b) Be specific, e.g., "Multiple contusions and lacerations" will not convey a clear picture to a judge or jury, but "contusions and lacerations of the throat" will back up allegations of attempted strangling.

   c) Include signs of sexual abuse or any restraint marks on the patient's skin, e.g., "a 3 cm swollen ecchymotic area on the left shoulder consistent with a wound from a punch" or "3 linear ecchymotic areas on each side of the neck consistent with strangulation marks."

7. Record non-bodily evidence of abuse, such as torn clothing and jewelry.

Save Evidence

Preserving physical evidence should be routine in all cases of abuse and suspected abuse.

1. Explain to the patient that the collection of evidence does not obligate the patient to report the abuse to legal authorities.

2. Obtain permission from the patient to obtain personal items and explain the need for collection of evidence (it will be helpful if she later decides to report the incident to police).

3. Label the **paper** collection bag with the patient's name, date, hospital number, and name of person placing items in the bag. Items should be handled with care so as not to alter the evidence. Items to be included are: torn or blood-stained clothing, broken jewelry, and any objects used as weapons. Each blood-stained or moistened item should be placed in a separate **paper** bag. Seal the bag.

4. One individual should be responsible for the collection of evidence and transfer to the police with documentation of the chain of evidence. If you have questions about the collection of evidence, you should call your local Police Department.

Medical Photography

Consider the collection of photographic evidence, with the patient's consent, if there is an injury that you think will be better documented by photography than your detailed written description and diagram on the body map. In such situations, the photograph should be done in addition to the detailed diagram. In general, photographs of the genital areas should be avoided. Once taken, photographs can be subpoenaed into evidence, and my hurt the patient at court if the actual injury appears to be minimal or cannot be seen clearly on the photograph.

1. Explain to patient that photographs may be useful as evidence.

2. There are two classes of photographs: Photographs taken by a health care provider and kept in the patient's medical record may be subject to subpoena with the medical record, regardless of whether the purpose of taking them was clinical or evidentiary. If the patient is concerned about the photographs being subject to subpoena, she should consider having the photographs taken by the police photographer. A consent to photograph form must be completed if a health care provider will be taking the photographs. (Appendix D).

3. Use a good camera with color film and flash bulbs.

4. Photograph in brightest light possible.

5. Attempt to take close-up of injury but try to include an identifiable feature of the patient such as the face or a hand. If this is not possible, a long shot should be followed by a close-up. A ruler or other measuring device may be useful.

6. The photographer should sign and date the back of each photograph.

7. Place photographs in a sealed envelope and label clearly. Mark the envelope with the date and the notation "Photographs of Patient's Injuries."

8. The police can be an option for obtaining photographs.

9. If extensive bruising is expected to appear at a later date, the patient should be advised to return at a later date or to have more photographs taken elsewhere (e.g., at the police station).

SOCIAL WORKER OR ADVOCATE ACTION

In some clinical situations, you may have access to a Social Worker and not to a domestic violence agency. These are some of the general services that a social worker or victim advocate can provide.

Brief with Staff and Review Chart

Brief with referring health provider to learn the reason for presentation, the nature and extent of injuries, and the treatment plan.

Assess Current Living Situation

1. Where living - community type of house/apartment.
2. Who is part of household.
3. Family and support system.
4. Employment/financial issues.

Assess Present Danger

1. Help the victim to assess the degree of danger of various options, and benefits.
2. How is the abuser threatening, to whom and with what weapons?
3. Does the abuser use alcohol/drugs and how do these affect behavior?
4. Are the children in danger?
5. Has the abuser threatened to kill himself and other family members?

Provide Information

1. Explain legal options available to domestic violence victims
2. Provide written information on domestic violence, on local domestic violence resources, or legal options.

Develop a Plan

1. If she does not wish to return to abuser or current living situation, make appropriate referrals with patient's permission.
2. If she chooses to return to the abuser or current living situation, provide emergency phone number of local domestic violence hotline.
3. Help the patient formulate plans for safety in case of another emergency.

Referrals

1. Contact Division of Children, Youth, and Families (DCYF) if suspected case of child abuse or neglect.
2. Contact police for emergency custody after regular working hours for DCYF.
3. Assist with any necessary community referrals (counseling, legal, shelter, financial).
4. If the patient is admitted to a hospital, assist with child placement arrangements.

APPENDIX A

LEGISLATION REGARDING THE REPORTING OF INJURIES

The New Hampshire Revised Statutes Annotated (RSA 631:6) makes it a misdemeanor for a person who has assisted another with a gunshot wound or any other injury she/he believes to be caused by a criminal act to fail to notify the police of all the information about the injury which she/he possesses.

There are two exceptions to this statute:

(1) If the patient is 18 years of age or older, did not sustain a gunshot wound or other serious bodily injury, and objects to the release of information to the police, sexual assault and domestic violence injuries do not have to be reported. This reflects a change in the law effective January 1, 1994.

(2) Under Federal law, records of the identity, diagnosis, prognosis, or treatment of a patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment or rehabilitation which is conducted or directly or indirectly assisted by any federal agency are confidential and may be disclosed only pursuant to a court order.

Contact your local police to come speak with the patient in a private conference area. The patient may refuse to speak with the police or make arrangements to speak with them at a later time.

Because domestic violence injuries which are not serious no longer have to be reported under RSA 631:6 if the patient objects, another New Hampshire statute has become important in the treatment of domestic violence injuries. RSA 161-F:46 states that any health care professional who has reason to believe that an "**Incapacitated Adult**" has been subjected to physical abuse, neglect, or exploitation or is living in hazardous conditions shall report this to the New Hampshire Division of Elderly and Adult Services.

"Incapacitated" means that the physical, mental, or emotional ability of a person is such that she/he is unable to manage personal, home, or financial affairs in her/his own best interests, or she/he is unable to act or unable to delegate responsibility to a responsible caretaker or caregiver. If the patient is elderly or incapacitated, contact the N.H. Division of Elderly and Adult Services District Office nearest to you (see Appendix). Immunity from civil and criminal liability is provided by the law to any person participating in good faith in the making of a report of an alleged incident of abuse, neglect, or exploitation of the incapacitated or elderly adult.

In New Hampshire there is legislation which protects people who are being battered by a partner. The victim may apply for a court order, or RESTRAINING ORDER, to gain protection from the person who injured her.

In NEW HAMPSHIRE, abuse is legally defined as:

- Attempting to cause or causing bodily injury with or without a weapon. Injury can be done purposefully or recklessly.
- Placing another in fear of bodily injury either through threats or physical menace.
- Sexual assault.
- Attempting to commit or committing kidnapping, criminal restraint, or false imprisonment.
- Attempting to commit or committing any unauthorized entry on, or destruction of the property of a person eligible for protection from domestic violence.

In NEW HAMPSHIRE, these people are eligible for protection under this law:

- Spouses and ex-spouses.
- Persons living together now or in the past.
- Parents or other people residing with the defendant who are related by blood or marriage (not including minor children).
- Current or former sexual or intimate partners, including dating partners.

APPENDIX B

OBTAINING A PROTECTIVE ORDER

A person obtains a restraining order at the local district or superior court in the area where they are living or have fled to. One does not need a lawyer to file an emergency protective order.

What is a Temporary Protective Order (TRO)?

It is a civil action which does not give the alleged abuser a criminal record. It is a legal document which prohibits the abuser from contacting the victim and is enforceable by law. The TRO can also give the abused woman temporary custody of the children, and give her temporary exclusive use of their home. The purpose of the protective order is to protect the victim and her children from further abuse.

What happens next?

After the order is signed, the woman will then need to have the order taken to the local police station. The police are responsible for serving the protective order. An order is not in effect until it has been served. The woman should keep a copy of her order with her at all times.

What is a Permanent Protective Order (PRO)?

The court will assign her a date to appear for the Permanent Protective Order (PRO) hearing. This date will usually be in 10-14 days. Both she and the alleged abuser will be notified to appear in court on this day. At this hearing, her restraining order could be extended for up to a year.

What if someone needs an order and the court is closed for the day?

The person can contact the local domestic violence hotline for counseling and to provide a safe place if needed. An advocate will be available to accompany her to court and to assist her with filing the necessary papers.

The person should call the local police department. If there is probable cause that abuse has occurred the officer will call a judge who will issue a protective order that will be in effect until the next day the court is open. The person must then go to the court to secure a temporary protective order.

What other legal resources are available?

New Hampshire Legal Assistance has brochures available which explain New Hampshire's domestic violence statutes (603- 225-4700).

The Dove Project, N.H.'s pro bono program to provide emergency legal help for restraining order hearings, can be accessed through the domestic violence crisis centers or directly through the N.H. Bar Association (603-224-6942).

APPENDIX C

BATTERING DURING PREGNANCY

One in 12 pregnant women experiences battering during pregnancy. Studies of battered women report that 40 to 60 percent of these women were first abused during a pregnancy. This abuse includes blows to the abdomen, injuries to the breasts and genitals, and sexual assault. Battering is one potential cause of miscarriages, stillbirths, and preterm deliveries. A recent small study on the outcomes of abuse during pregnancy showed an increased risk of low birth weight. Given that birth weight is the single most important determinant of infant well-being and subsequent child development, the consequences of battering are significant for the pregnant woman and her developing fetus. Psychologists believe the increased incidence of battering at this time is related to the partner's perceived loss of power over the woman, as well as the need to share attention with the fetus.

Although few of the abused pregnant women discuss the abuse with anyone, or report it to the police, they are more likely to seek health care for injuries. However, some partners, as part of their pattern of coercive control, will restrict her access to preventive and curative health care.

The Surgeon General recommends close surveillance of prenatal women for the following signs of battering:

- Women battered in pregnancy more frequently have multiple injury sites than women with other trauma.
- Ecchymotic areas on the abdomen need evaluation for injuries caused by beating or kicking. Vaginal bleeding can be associated with abdominal or vaginal injury. This must be assessed by ultrasound and appropriate bleeding studies.
- Labor presents an added stressor and men who batter may attempt to control the situation by demanding that the woman receive no analgesics or anesthetics; they may verbally abuse the laboring woman.

The postpartum woman experiencing emotional or physical abuse must be closely observed for extended "blues," feeding problems in the infant, and poor communication between the couple. Battered women may experience sexual assault during the postpartum period.

Special attention should be paid to the risk of child abuse for the new infant if a woman has been battered during pregnancy.

APPENDIX D

PATIENT INFORMATION SHEET

In some instances, injuries caused by domestic violence must be reported to the police. You may wish to have your injuries reported to the police regardless of whether this is required by law. This sheet has been designed to help you understand what to expect if your injuries are reported, and to help you decide whether or not to have your injuries reported if the law gives you a choice. **Your medical care is our first objective. You will not be refused medical care if you choose not to discuss your injury with the police.**

What happens when the hospital or other health care provider reports an injury?

When a report is made, a police officer will want to speak to you about the injury and how it occurred. Any information you give to a police officer or someone from your local domestic violence agency will not become part of your medical record.

Do I have to speak to the police officer?

No, you do not have to speak to a police officer. However, there are many reasons why it might be in your best interests to speak to a police officer.

What about evidence collection?

The hospital will collect evidence (such as torn clothing) in all cases of abuse and suspected abuse. The collection of evidence does not obligate you to report the suspected abuser. If you have any questions during this process, please ask either the medical staff, the police officer, or the people from your local domestic violence program.

What if I don't know if I want to report the abuse?

Although you may think now that you do not want to report the abuse, it is a good idea to have evidence collected. You then can choose whether to turn the evidence over at a later time. Collecting evidence does not mean that any further legal action will take place. However by talking with someone from your local domestic violence agency, you can learn more about your rights and legal options.

APPENDIX E

PATIENT ACKNOWLEDGMENT AND RELEASE

Dear Patient,

You have an injury that we believe may have been caused by a criminal act. In some cases, we are required by New Hampshire law (RSA 631:6 and RSA 161-F:46) to report injuries to the police. Federal law states that we must have your permission to report your injuries if we have diagnosed or treated you for a substance abuse problem.

Please read the following statement carefully and sign it **only** if it applies to you. Please request assistance if you have any difficulty reading or understanding this release.

ACKNOWLEDGMENT

To my knowledge, I, _____ , have never been diagnosed or treated at this institution for a drug or alcohol abuse problem.

(If the above statement **does not apply** to you, please turn this page over and continue reading. If the above statement **does apply** to you, please check the appropriate box below.)

A. I understand that New Hampshire law requires this institution to report my injuries to the police, because:

   (1) my injuries are a gunshot wound or other serious bodily injuries,

   (2) my injuries were caused by a criminal act other than sexual assault or domestic violence, or

   (3) I am an "incapacitated adult" as defined by law.

B. I understand that because none of the conditions listed in "A" apply to me, I have the right to ask that my injuries not be reported. **I do not** want to exercise that right in this situation. I authorize this institution to report my injuries to the police.

Signature _____ Date _____

If you have signed the above statement, you may stop here.

If we **have** diagnosed or treated you for a substance abuse problem, either today or at some time in the past, we must have your permission to report your injuries. **If you do not want your injuries reported to the police, do not sign the statement below.** You will still receive all appropriate medical counseling and referrals. If you want your injuries to be reported, you must sign the statement below.

RELEASE OF INFORMATION

I, _____ , have been diagnosed or treated at this institution for a drug or alcohol abuse problem. Because of this history, I understand that Federal law gives me the right to keep my medical record confidential. I do not want to exercise that right in this situation, and I authorize this institution to report my injuries to the police. I understand that I may revoke this authorization at any time, except to the extent that this institution has already released information in reliance on it. This authorization expires one year from today if I do not revoke it first.

Signature _____ Date _____

APPENDIX F

CONSENT TO PHOTOGRAPH

I authorize _____ (NAME OF INSTITUTION) and the attending physician to photograph or permit other persons employed by this facility to photograph _____ (name of patient) while under the care of this facility. I have been informed and understand that:

- Photographs taken for medical purposes will become part of my medical record and will be subject to subpoena with my record.
- Photographs taken for evidentiary purposes will be given directly to the police if my injuries are reported to them. Otherwise they will become part of my medical record and will be subject to subpoena with my record.
- Photographs in my medical record may be released if they are requested by a person authorized to obtain my medical record. If I do not want photographs released with my medical record, I must specifically exclude them in any authorizations that I sign.

I do not authorize any other use to be made of these photographs.

_____ _____

Patient's signature
(Parent or guardian if under 18)

Date

_____ _____

Street Address

Witness

_____

City State Zip Code

DISPOSITION OF PHOTOGRAPHS: (TO BE COMPLETED BY EMERGENCY DEPARTMENT STAFF)

_____ Photographs were given to the police

_____ Photographs were placed in a sealed envelope marked with the patient's name and medical record number and sent to Medical Records

APPENDIX G

BODY INJURY MAP

APPENDIX G (continued)

APPENDIX H

FLOWSHEET HERE

APPENDIX I

N.H. DIVISION OF ELDERLY AND ADULT SERVICES DISTRICT OFFICES

To report elder abuse, contact the district office nearest to you

Berlin District Office
219 Main Street
Berlin, NH 03570-2411
603 752-7800 or 1-800 972-6111

Claremont District Office
17 Water Street
P.O. Box 870
Claremont, NH 03743-0870
603 542-9544 or 1-800 982-1001

Concord District Office
40 Terrill Park Drive
Concord, NH 03301-7325
603 271-3610 or 1-800 322-9191

Conway District Office
Route 16, Madison
P.O. Box 2210
Conway, NH 03818-2210
603 447-3841 or 1-800 552-4628

Keene District Office
113 Key Road
Keene, NH 03431-3926
603 357-3510 or 1-800 624-9700

Laconia District Office
65 Beacon Street West
P.O. Box 634
Laconia, NH 03247-0634
603 524-4485 or 1-800 322-2121

Littleton District Office
Lisbon Road
P.O. Box 260
Littleton, NH 03561-0260
603 444-6786 or 1-800 552-8959

Manchester District Office
361 Lincoln Street
Manchester, NH 03103-4976
603 668-2330 or 1-800 852-7493

Nashua District Office
19 Chestnut Street
P.O. Box 1025
Nashua NH 03061-1025
603 883-7726 or 1-800-852-0632

Portsmouth District Office
30 Maplewood Avenue
Portsmouth, NH 03801-3737
603 433-8318 or 1-800 821-0326

Rochester District Office
40 Winter Street
Rochester, NH 03867-3193
603 332-9120 or 1-800 862-5300

Salem District Office
154 Main Street
Salem, NH 03079-3191
603 893-9753 or 1-800 852-7492

If you are unable to reach the appropriate district office indicated above, contact the following:

Administrator-Office of Community Services
New Hampshire Division of Elderly and Adult Services
State Office Park South
115 Pleasant Street, Annex Building #1
Concord, NH 03301-3843
603 2711-4386 or 1-800 852-3345 Ext. 4386
TDD Access: Relay NH 1-800 735-2964

IN AN EMERGENCY, CONTACT YOUR LOCAL POLICE